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1. Generator's US EPA ID No. UNIFORM HAZARDOUS Manifest 2. Page 1 Information in the shaded areas Document No. is not required by Federal **WASTE MANIFEST** <u> A D O 8 6 5 1 O O O</u> • of 3. Generator's Name and Mailing Address Douglas Aircraft Co, A.State Manifest Document Number 849 2429 190th & Normandie Generator's Phone (213 533-6677 Torrance, CA 90502 B.State Generator's ID 5. Transporter 1 Company Name 6 US EPA ID Number C.State Transporter's ID D.Transporter's Phone J. C. Liquid Waste Disposal CAD05801836 Transporter 2 Company Name US EPA ID Number E.State Transporter's ft F.Transporter's Phone 9. Designated Facility Name and Site Address G.State Facility's ID 10. US EPA ID Number Triple J 3650 E. 26th St. H.Facility's Phone Vernon, CA CAT08003368 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Total Quantity Waste No. No. Wt/Vo Hazardous Waste liquid NOS ORM-E 001 05000 TT 221 G E b. 0 d. Additional Descriptions for Materials Listed Above K.Handling Codes for Wastes Listed Above Alkaline Soap Grease 011 3% Water 90% 15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flames &r inhale fumes. Return to Douglas 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signature Month Day Year Donald C. Gerber 0.2 2 18 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 0211181 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Printed/Typed Name Signature Month Day Year 02/2/

Department of Health Services

Oxic Substances Control Division

Sagramento, California

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